

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.
01790C289 | FILING DATE

APPLICANT(S)

CLAIMS

AS FILED	AFTER		AFTER	
	1st AMENDMENT	2nd AMENDMENT	IND.	DEP.
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TOTAL IND.				
TOTAL DEP.	14			
TOTAL CLAIMS	5			

*	IND.	DEP.	*	IND.	DEP.	*	IND.	DEP.
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TOTAL IND.								
TOTAL DEP.								
TOTAL CLAIMS	14							
CLT								